## Iowa School Absenteeism Report Iowa Department of Public Health

Report 10% or more of total enrollment absent on any given day

Please submit one report for each building affected.

| County   |                       |            |                 |         | City            |  |          |                     |
|--|-----------------------|------------|-----------------|---------|-----------------|--|----------|---------------------|
| School district                                  |                       |            |                 |         |                 | School name  |          |                     |
| Name of person reporting                         |                       |            |                 |         |                 | Phone number IDPH can call                           |          |                     |
| · · · · ·  |                       |            |                 |         | Date of absence |  |          |                     |
| Email address                                    |                       |            |                 |         | Date of absence |  |          |                     |
| Total school enrollment (including ill students) |                       |            |                 |         |                 | Number of students absent due to illness of any kind |          |                     |
| ira  | des with absences     | due to i   | llness          |         |                 |  |          |                     |
| 0  | Pre K                 | 0 3        |                 | 0 7     |                 |  | 0        | 11                  |
| 0  | Kindergarten          | 0 4        |                 | 0       | 8               |  | 0        | 12                  |
| 0  | 1                     | o <b>5</b> |                 | 0 9     |                 |  | o Othory |                     |
| 0  | 2                     | 0 6        | 6               |         | 10              |  | 0        | Other:              |
| ym   | ptoms reported b      | y your a   | bsent and ill s | tud     | ent             | s:   |          |                     |
| 0  | Cough o Stomach pain  |            |                 |         |                 |  |          |                     |
| 0  | Fever                 | o Vomiting |                 |         |                 |  |          |                     |
| 0  | Sore throat o Diarr   |            |                 | iarrhea |                 |  |          |                     |
| 0  | Runny nose            | o Nausea   |                 |         |                 |  |          |                     |
| o Red eyes                                       |                       |            | o Other:        |         |                 |  |          |                     |
| ιpp  | roximate number       | of your    | absent and ill  | stu     | den             | ts with commo  | on s     | ymptoms:            |
| GI :   | symptoms (vomiting    | g, nausea, | diarrhea, stom  | ach     | pair            | ٦)   |          |                     |
| Res  | spiratory symptoms    | (cough, r  | unny nose, bod  | ly ac   | hes,            | sore throat)   |          |                     |
|  |                       |            | •               | •       |                 | ,  |          |                     |
| Otł  | ner symptoms (list c  | ommon s    | ymptoms, if kn  | own     | 1)              |  |          |                     |
|  |                       |            |                 |         |                 |  |          |                     |
|  |                       |            |                 |         |                 |  |          |                     |
| Any  | y details that may he | elp deteri | mine causes (e. | g., r   | ecen            | nt events, ill stud                                  | ents     | or staff at school) |
|  |                       |            |                 |         |                 |  |          |                     |
|  |                       |            |                 |         |                 |  |          |                     |
|  |                       |            |                 |         |                 |  |          |                     |

Absences can be reported to the IDPH Center for Acute Disease Epidemiology by:

Web - <a href="https://redcap.idph.state.ia.us/surveys/?s=C4XNALH3R9">https://redcap.idph.state.ia.us/surveys/?s=C4XNALH3R9</a>

Fax - (515) 281-5698

Phone - (800) 362-2736